Kentucky Department of Education

School Based Medicaid: Expanded Access Monitoring Review Form

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| **Provider (School District Name)** | **Medicaid Number** | |
| **Provider Number**  **(School District Medicaid number)** | **Service Date**  **(Date the service was preformed)** | |
| **Claim Number:**  **(ICN #)** | **Service Units Billed**  **(Ex: 1 unit= 7.5- 15 mins)** | |
| **Client Name (Students Name)** | **Service Type**  **(Ex: Group Speech)** | |
| **Audit Requirement** | | **Score** |
| **Criteria** | | |
| 1. Is there documentation provided that declares medical necessity? Pass/Fail | |  |
| 1. Has the parent or guardian signed a Parental Consent/Release of Information form? Pass/Fail | |  |
| 1. **Service Treatment Log Criteria** | |  |
| 1. Does the log list the service date? Pass/Fail | |  |
| Does the log reflect the type of therapy services provided? 5 Pass/Fail | | |
| 1. If the session is group, does the log list the group size? Pass/Fail | |  |
| 1. Does the log identify where the service was provided? Pass/Fail | |  |
| 1. Does the documentation reflect the duration of service, and does this correspond to the units billed? Pass/Fail | |  |
| 1. Is the log signed by the person who delivered the service? Pass/Fail | |  |
| **Monthly Progress Note Criteria** | |  |
| 1. Does the service documentation provide a clear understanding of the service provided? Pass/Fail | |  |
| **Staff Credentialing Criteria** | | |
| 1. Is the staff credentialed for the service provided and were they on the approved practitioner list submitted to KDE? Pass/Fail   List Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| **Attendance Records** | | |
| 1. Student was in attendance on the date of service. Pass/Fail | |  |
| **Staff Pool List and Financial Data** | |  |
| 1. Is staff listed in appropriate staff pool? Pass/Fail | |  |
| Was Staff Pool List and Financial Data submitted on time? Pass/Fail | |  |
| 1. Does financial data match MUNIS reports? Pass/Fail | |  |
| 1. Did the district meet the 85% compliancy for the periods reviewed? Pass/Fail | |  |
| 1. Did the district submit peer review documentation? Pass/Fail | |  |
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**Reviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**